New Jersey Department of Health and Senior Services Influenza Vaccine Update #5 November 5, 2004 – 1:00 PM

New Material in Bold

This memo summarizes the most recent actions taken in response to the limited supply of inactivated influenza vaccine available to the U.S. population this season. The New Jersey Department of Health and Senior Services (NJDHSS) has been engaged in many activities to ensure that only high-priority individuals receive influenza vaccine. NJDHSS has been in close contact with the Centers for Disease Control and Prevention (CDC), local health departments, the business community, hospitals and long-term care facilities (LTCFs) to address the many flu vaccine-related issues confronting the public health care system. Update # 5 provides information on:

- Vaccine availability
- Vaccine distribution
- Antiviral agents
- Communications
- Educational materials
- Surveillance
- Complaints
- High-priority groups and vaccine allocation
- Vaccine tracking
- Surge capacity

1. Vaccine Availability

a) Injectable Vaccine

On October 19, Secretary of the U.S. Department of Health and Human Services, Tommy Thompson, and Aventis Pasteur (AvP) announced that AvP would be producing an additional 2.6 million doses to be delivered by January 2005. These additional doses would bring the total of vaccine produced by AvP for use this influenza season to 58 million. AvP plans to ship two to three million doses per week as vaccine is approved off the production line. 2.6 million of the 58 million doses will be shipped in January. Four million doses were shipped this week for a total of approximately 45.2 million doses to date.

AvP plans to deliver 100% of doses ordered by the:

- Veterans Administration
- Military
- Indian Health Service
- Vaccine for Children Program

AvP also plans to deliver:

- -100% of all orders placed by LTCFs to AvP
- -100% of preservative-free vaccine in pre-filled syringes.
- 50% of all orders (Aventis or Chiron) placed by Visiting Nurse Associations
- **up to 100** % of all orders (Aventis or Chiron) placed by state/local public health agencies that ordered off the state contract.
- 50% of all orders placed by the private sector to AvP that were unfilled prior to October 5, 2004.

b) Live Attenuated Inhaled Vaccine (FluMist)

Medimmune Inc. plans to produce 3 million doses of live attenuated inhaled vaccine (FluMist) approved for use by healthy individuals between 5 and 49 years of age. They plan to distribute 400,000 doses per week for 5 weeks beginning in November followed by another 1 million doses in January 2005. The use of FluMist is not limited to HCWs or direct caregivers, but is available to other eligible people in the general population.

NJDHSS has sent a memo and survey to LTCFs to assess their interest in receiving FluMist for use among health care workers (HCWs) ages 18-49 years. CDC has informed NJDHSS that initially only 5,200 doses will be available to New Jersey. The Department has submitted the order to purchase these doses and is awaiting shipment.

NJDHSS will distribute this vaccine free of charge to those LTCFs that indicate that their HCWs wish to receive the vaccine. NJDHSS has received responses from over one hundred LTCFs, many indicating their interest in receiving vaccine. The department will also be reaching out to assisted living (AL) facilities to assess their interest in receiving FluMist.

The provider may distribute fluMist doses that are shipped after November 2, 2004 without the use of a Freezebox. For these shipments, FluMist may be stored in a standard frost-free freezer through February 8, at which point it expires and should be discarded. All FluMist that was previously shipped should continue to be stored in a Freezebox. Should you have any questions regarding this information, please contact MedImmune, Inc. at 1-877-FLUMIST (1-877-358-6478).

All healthy people 5 to 49 years of age who are not pregnant can get FluMist this season. This includes most out-of-home caregivers and household contacts of children less than 6 months of age and most health-care workers. FluMist can be used in health-care workers who care for severely immunocompromised patients in special care units, but caution must be exercised. For these health-care workers, the flu shot is preferred because of a theoretical risk of passing the weakened live virus in FluMist to severely

immunocompromised patients. Given this risk, health-care workers receiving FluMist must avoid contact with severely immunocompromised patients for 7 days after being inoculated.

2. Vaccine Distribution

On October 26, NJDHSS notified local health departments (LHDs) and AvP the amount of inactivated vaccine they would be able to order off the state contract. NJDHSS developed a strategy to equitably distribute this vaccine to LHDs based on information provided by LHDs. As a result, all LHDs were able to purchase at least 42% of their original amount of vaccine, regardless of where they placed their original order. Many LHDs and have already received this vaccine and scheduled clinics. Several are using a lottery system to allocate vaccine to residents of their communities

We have received notice from the CDC and AvP that over the next few weeks, all LHDs will be able to place additional orders to receive close to what they originally ordered either directly from AvP or off the state contract. As previously, the NJDHSS will be working with LHDs who ordered off the state contract to ensure that all LHDs receive equitable amounts of vaccine, even if they ordered from a Chiron distributor and not off the state contract. AvP will be reaching out directly to LHDs that ordered directly from AvP to make arrangements for shipping the remainder of their order.

The CDC, AvP and major professional public health organizations are finalizing a plan to allocate to states equitable amounts of the remaining vaccine to be produced by AvP. The states will be responsible for determining where the vaccine will be distributed within the state.

On October 29, Commissioner Lacy issued an administrative order requiring health care professionals to administer influenza vaccine only to those people at high risk of serious, flu-related complications and their caregivers. Physicians, nurses, pharmacies, health care facilities and others who dispense vaccine are covered by the order, which carries out legislation Governor James E. McGreevey signed October 27, 2004. In addition, the department currently has no intention of reallocating any vaccine held by any entity in the state, although permitted to do so by the law.

As per the CDC web site, and a memo from Medimmune, all healthy people aged 5-49 years who are not pregnant can use FluMist. The Commissioner's administrative order does not apply to FluMist.

This week NJDHSS began to distribute approximately 8000 doses of available state-purchased vaccine to facilities that had ordered Chiron-manufactured vaccine as follows:

- 2400 doses to health care facilities for use among employees who work in areas where high- risk patients are treated (e.g., emergency departments, oncology units, intensive care units).
- 1600 doses to DHS facilities for use among their developmentally disabled residents
- 4000 doses to 19 Federally Qualified Health Centers
- 3. Antiviral agents in the outbreak setting

On October 19, the CDC released guidelines and recommendations for use of antiviral medications (http://www.cdc.gov/flu/professionals/treatment/0405antiviralguide.htm). Healthcare providers are expected to obtain antiviral agents from private pharmaceutical distributors and pharmacies. The CDC may honor a request made ONLY by State and Territorial Health Departments for antiviral agents from the Strategic National Stockpile (SNS) for use in outbreak settings.

Last week, NJDHSS sent copies of the above guidelines to LTCFs. A memo, which accompanied these guidelines, provided LTCFs with information to assist them in preventing and preparing for an outbreak of influenza in their facility. On November 5, NJDHSS provided supplemental guidelines to LTCF and ALF for preventing and controlling an influenza outbreak. The documents will be distributed through the three state organizations representing these facilities.

4. Communications

- a) The NJDHSS Press Office has been fielding calls from the media daily, providing updates on the situation in New Jersey.
- b) In addition, as of yesterday, the NJDHSS hotline has fielded over 20,000 calls from the public, health care providers, and LHDs.
- c) On October 26, NJDHSS sent a memo to local health officers explaining the vaccine allocation process used to determine how much each LHD would be permitted to purchase off the state contract. A modified version of the memo was also sent to all mayors and legislators.
- d) NJDHSS is in the process of distributing a public service announcement recorded by Dr. Lacy, emphasizing the targeted use of vaccines to highpriority individuals only.

- e) The New Jersey State Epidemiologist has been participating on CDC/ASTHO/APHL/CSTE conference calls to review issues.
- 5. Educational materials
- a) The Division of Mental Health Services in the Department of Human Services has developed a fact sheet on relieving mental health stress due to the vaccine shortage. It is entitled "Flu Vaccine Shortage: Coping with your fear and anxiety" and will soon be available at: www.nj.gov/health/flu/fluvaccineshortage.pdf
- b) In light of the vaccine shortage, we encourage our public health partners to promote flu prevention messages including hand hygiene and universal respiratory precautions. New information and educational materials have been posted to the NJDHSS website and can be found at the following URLs:

Links to new educational materials can be found at

Hand washing poster: www.nj.gov/health/flu/prevent colds and flu.pdf

Cold vs. Flu chart: www.nj.gov/health/flu/fluorcold.shtml

If you get the flu: www.nj.gov/health/flu/flucureinfo.shtml

Prevent the spread of flu: www.nj.gov/health/flu/preventflu.shtml

c) Universal Respiratory Precautions posters were mailed to all LHDs. These posters are available in pdf format at: http://www.nj.gov/health/flu/education.shtml) A variety of additional educational materials, including guidance targeted to HCWs who care for peri- and postpartum women, have been developed by CDC:

Guidance for Prevention and Control of Influenza in the Peri- and Postpartum Settings

Provides guidance for pre-, during, and after delivery, and breastfeeding by influenza-infected mothers.

http://www.cdc.gov/flu/professionals/infectioncontrol/peri-post-settings.htm

Poster: Notice to Patients to Report Flu Symptoms

This 8.5" x 11" color poster can be printed, displayed and/or distributed. It emphasizes covering coughs and sneezes and the cleaning of hands. http://www.cdc.gov/ncidod/hip/INFECT/RespiratoryPoster.pdf

Personal Protective Equipment (PPE) in Healthcare Settings

Slides, video and posters demonstrating the use of PPE. http://www.cdc.gov/ncidod/hip/ppe/default.htm

Questions and Answers: Information for Schools

The following link provides answers to questions commonly asked by school administrators, teachers, staff, and parents.

http://www.cdc.gov/flu/school/qa.htm

Other educational materials for schools can be found at

http://www.cdc.gov/flu/groups.htm

6. Surveillance

On October 27, NJDHSS received a preliminary report of a positive rapid antigen test (Influenza A) in a New Jersey resident. To date, this has not been confirmed by culture. On November 4, the NJDHSS received reports of two New Jersey residents with positive screening tests for influenza. The samples have been sent to the NJDHSS lab for confirmatory testing.

On October 28, NJDHSS distributed guidelines to infection control professionals and LINCS epidemiologists for reporting influenza-related pediatric hospitalizations and deaths.

Surveillance data for influenza-like activity (ILI) in New Jersey can be accessed at http://nj.gov/health/flu/surveillance.shtml. To date, there is no indication of increased influenza-like activity in the state.

7. Complaints

We have received only a few complaints of organizations providing vaccine to low priority individuals. Upon further investigation, these complaints have proven to be unfounded. NJDHSS will investigate all such complaints, as well as those related to potential price gouging. All complaints can be called to the NJDHSS hotline at 1-866-234-0964.

8. High-priority groups and allocation of vaccine

High priority groups include high-risk individuals and those who can infect high-risk individuals. These include:

- All children aged 6-23 months;
- Adults aged 65 years and older;
- Persons aged 2-64 years with underlying chronic medical conditions;
- All women who will be pregnant during the influenza season;
- Residents of nursing homes and long-term care facilities;
- Children aged 6 months-18 years on chronic aspirin therapy:
- Health-care workers involved in direct patient care; and

Out-of-home caregivers and household contacts of children aged <6 months.

With limited vaccine supply, organizations will have to decide which of their highpriority individuals should receive vaccine. Neither the CDC nor NJDHSS have indicated that any priority group has a higher priority over another. Organizations will have to assess their own needs and make their own decisions on which high priority individuals should receive vaccine.

9. Vaccine tracking

On Friday, October 22, NJDHSS trained 22 LINCS sites to use the New Jersey Emergency Preparedness Inventory System, a web-based inventory system to track the receipt, storage, and distribution of vaccine and other medical supplies. However, DHSS staff has determined that this system is less than ideal for our needs. As a result, we will be using the NJ Inventory Management System that is more suited for our goals and has better reporting capabilities. DHSS will provide instructions on using this system through the HAN. Initial use of the system is scheduled for Monday, November 8th. If you have any questions, please call the DHSS Help Desk at 1-800-883-0059.

10. Surge capacity

On October 22, NJDHSS staff met with representatives of the hospital associations to discuss issues related to surge capacity in the event of increased morbidity related to influenza this season. Surge capacity was also briefly discussed at the quarterly MEDPREP meeting held on October 25. The group discussed emergency department triage, cohorting of patients, Universal Respiratory Precautions, availability of ventilators and other issues. NJDHSS has developed draft influenza surge capacity guidance for healthcare facilities based on best practices and currently is vetting the draft with appropriate stakeholders.

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